

**MACOMB COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION**

Request for Second School Inspection

Date of Request: _____

Name of Facility: _____

Facility Address: _____

☐ Food Preparation Kitchen - \$96.00

☐ Satellite Serving Site - \$48.00

Time lunch is served: _____

Make Checks Payable to: Macomb County Health Department

Mail to: Macomb County Health Dept.
Environmental Health Services
43525 Elizabeth
Mt. Clemens, MI 48043

OR

Macomb County Health Dept.
Environmental Health Services
27690 Van Dyke
Warren, MI 48093

Health Department Use Only

Date of last routine inspection: _____

Date forwarded to MC office: _____